

ARTS IN SCHOOLS APPLICATION

SCHOOL _____ DATE _____

ADDRESS _____ CITY _____

ZIP _____ PHONE _____ EXTENSION _____

FAX _____ E-MAIL: _____

CONTACT PERSON _____

ARTIST CHOICE: 1ST _____

2ND _____ 3RD _____

MONTH CHOICE (mark 1st, 2nd, 3rd)

SEPT. OCT. _____ NOV. _____ DEC. _____ JAN. _____ FEB. _____

MAR. _____ APRIL _____ MAY _____ JUNE _____ OTHER _____

PREFERRED DAY (mark 1st, 2nd, 3rd)

MON. _____ TUES. WED. _____ THURS. _____ FRI. _____

AM _____ PM _____ ASSEMBLY TIMES _____

OF PERFORMANCES _____ GRADES LEVELS _____

APPROX # OF STUDENTS PER PERFORMANCE _____

TEACHER MATERIAL REQUESTED (if available) YES _____ NO _____ QTY _____

PURCHASE ORDER OR CHECK REQUIRED IN ADVANCE OF PERFORMANCE - PAYABLE TO LOV IN THE AMOUNT OF: \$ _____ AS SHOWN AS SCHOOL SUPPORT ON MAILED ARTIST ROSTER.

PLEASE MAIL COMPLETED FORM(S) TO: LOV, 36120 RUSCHIN DRIVE., NEWARK, CA. 94560 - A CONFIRMATION WILL BE SENT FOR THOSE CONCERTS WE ARE ABLE TO BRING TO YOU. AT THAT TIME PAYMENT OR PURCHASE ORDER IS REQUIRED. ANY SCHEDULING WILL BE CONFIRMED BY PHONE PRIOR TO A FIRM ARTIST CONTRACT BEING SIGNED TO INSURE THAT THE SCHOOL DATE IS SATISFACTORY WITH BOTH ARTIST AND SCHOOL IN WHICH ARTIST WILL PERFORM.

**TRI-CITIES LEAGUE OF VOLUNTEERS - LOV and THE NEWARK ARTS COUNCIL ARE
PLEASED TO PROVIDE THIS MEANINGFUL EDUCATION PROGRAM FOR
THE YOUNG PEOPLE OF FREMONT - NEWARK - UNION CITY**